

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	1-26-01
FORMALITY REVIEW	W.M.	869	02-09-01
RESPONSE FORMALITY REVIEW	TL	50947	03/20/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	8/19/01
1	
2	✓
3	✓
4	0
5	0
6	0
7	✓
8	0
9	0
10	✓
11	✓
12	✓
13	✓
14	0
15	✓
16	0
17	✓
18	✓
19	0
20	0
21	0
22	0
23	0
24	✓
25	0
26	
27	
28	
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38	
39	
40	
41	0
42	✓
43	✓
44	✓
45	0
46	
47	
48	
49	
50	0

Claim	Date
Final	
Original	3/18/01
51	0
52	
53	
54	
55	0
56	✓
57	0
58	
59	
60	
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66	
67	
68	
69	
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71	0
72	✓
73	0
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Claim	Date
Final	
Original	
101	
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If more than 150 claims or 10 actions  
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